



**PATENT**

Attorney Docket: **S8446 (1502-39)**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Carlyon et al. Examiner: Sharon E. Kennedy  
Serial No.: 10/609,304 Group: Art Unit 3762  
Filed: June 27, 2003 Dated: July 25, 2005  
For: SAFETY NEEDLE SHIELD APPARATUS

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDIT. RATE FEE	OR	ADDIT. RATE FEE
TOTAL	23	MINUS	24	=	0	X 25 \$		X 50 \$ 0.00
INDEP.	5	MINUS	5	=	0	X 100 \$		X 200 \$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						X 180 \$		X 360 \$ 0.00
						TOTAL		OR TOTAL \$ 0.00
						ADDIT. FEE		\$ 0.00

No additional fee is required.

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on July 25, 2005.

Dated: July 25, 2005

*David M. Carter*  
David M. Carter

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[ ] A check in the amount of \$\_\_\_\_\_ is enclosed.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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Examiner: Kennedy, Sharon E.

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SHIELD APPARATUS**

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**AMENDMENT**

Sir:

In response to the Office Action mailed February 24, 2005, please amend this application as follows:

**Amendments to the Specification** begin on page 2 of this paper. An annotated version of the Specification showing changes is attached.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Amendments to the Drawings** begin on page 8 of this paper and include attached replacement sheets.

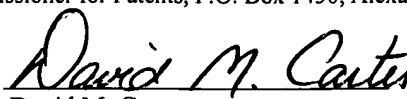
**Remarks/Arguments** begin on page 9 of this paper.

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